

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003365

FILED
Apr 16, 2009
Secretary of State

Entity Name: ADVENTIST CONGREGATION OF THE PROMISE INC.

Current Principal Place of Business:

1035 NE 202ND TER
MIAMI, FL 331792548 US

New Principal Place of Business:

19090 NE 4TH. COURT
MIAMI, FL 33179 US

Current Mailing Address:

1035 NE 202ND TER
MIAMI, FL 331792548 US

New Mailing Address:

FEI Number: 59-3237477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASCIMENTO, VILSON
1035 NE 202ND TERR
MIAMI, FL 331792548 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PDC () Delete
Name: CORREA DO NASCIMENTO, VILSON
Address: 1035 NE 202NE TER
City-St-Zip: MIAMI, FL 331792548

Title: SD () Delete
Name: NASCIMENTO, FABIO R
Address: 875 NE 195ST ST - SUITE 313
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: NASCIMENTO, RENEE R
Address: 1035 NE 202ND TERR
City-St-Zip: MIAMI, FL 331792548

Title: TD () Delete
Name: NASCIMENTO, POINCYANE A
Address: 800 NE 195ST ST - SUITE 413
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VILSON CORREA DO NASCIMENTO

PDC

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date